

**PENSION AND BENEFITS BOARD
OF THE
CANADIAN BAPTISTS OF ATLANTIC CANADA**

GROUP INSURANCE PLAN WAIVER

for Employees who choose not to participate in the Group Insurance Plan when eligible

Employer Information

Church/Employer: _____
Church/Employer Address: _____

Employee Information

Employee Name: _____
Employee Number: _____ (last 6 digits of Social Insurance Number)
Date of Birth: _____
Date of Hire: _____

- I understand the group benefits plan offered to me, but I decline to participate. If at any time in the future I wish to join the group benefits plan, my dependents and I will have to provide proof of insurability acceptable to Great – West Life to be covered. If approved, dental benefits, if applicable may be limited.

- This decision was made by me without any undue influence by my employer.

Date

Employee Signature

Date

Employer Signature/Position